

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	5.2		08-06-01
O.I.P.E. CLASSIFIER	OK	52	8/15
FORMALITY REVIEW	SP	503	09-07-01
RESPONSE FORMALITY REVIEW		1027	02/04/02

INDEX OF CLAIMS

✓ Rejected N Nonelected
 = Allowed I Incomplete
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

EST AVAILABLE COPY

Claim	Date
Final Original	
1	5/16/03
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
22	N
23	N
24	N
25	N
26	N
27	N
28	N
29	N
30	N
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	N
38	N
39	N
40	N
41	N
42	N
43	N
44	N
45	N
46	N
47	N
48	N
49	N
50	N

Claim	Date
Final Original	
51	5/16/03
52	N
53	N
54	N
55	N
56	N
57	N
58	N
59	N
60	N
61	N
62	N
63	N
64	N
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89	N
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Claim	Date
Final Original	
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EST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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7/15/03

1030
 0200W
 126
 05/07/04